

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 91 Office of Registrar of Vital Statistics. Ward 2a

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~four~~ four days after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter P. Wyarfanoski

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } (Twin)

Age, Years, Months, 1 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1609. Thames St

Cause of Death, { First (Primary), Second (Immediate), } Asthma

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, May 31st 1887

{ Undertaker, J. Briskowski } James H. Henry M. D.

{ Place of Business, Allee Anne St Address, Cum gratia }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John Ch. De Goy Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 92 Office of Registrar and Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30 '87
Full Name of Deceased, A. Louis Schultze { Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, Male { Cross out the word not required in this line. }
Age, 47 Years, — Months, — Days.
Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Druggist

Birth Place, Germany - 20 years { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 10 years

Place of Death, University Hospital { Give Street and Number. }

Cause of Death, Dementia Inanition
Exhaustion { First (Primary), Second (Immediate), }

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 1st / 87

Undertaker, Th. J. Hillson C. W. Mitchell M. D.

Place of Business, 746 Columbia St. Address, University Hospital Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. _____

Ward

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

Date of Death,

Full Name of Deceased, $\left\{ \begin{array}{l} \text{Write legibly and spell} \\ \text{correctly. If an Infant} \\ \text{not named, give names} \\ \text{of parents.} \end{array} \right.$

Sex, Male or ~~Female~~, { Cross out the word not
required in this line. }

Age, 48 Years, Months, Days.

Color.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not
required in this line. }

Occupation,

Birth Place, { State or country, and how
long in the United States,
if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and }
Number.

Cause of Death, { First (Primary),-----
 Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, May 30/87

(Undertaker, Geo E Brown

Place of Business, *Franklin*

C. F. Mitchell M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.* [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 94 Office of Registrar of Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Evans

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 75 Years, 1 Months, 4 Days

Color, white

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dubu Am Lee

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give Street and Number. } 203 South High St

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease

Duration of Last Sickness, 3 months -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, June 1st 1887

{ Undertaker, H. Pink & Son Medical Attendant, Daniel V Moya M. D.

{ Place of Business, 915 N Gay St Address, 728 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 29th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Leager

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 86 Years, 2 Months, 11 Days

Color, Brown skin

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Hookster

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Annamore Co MD

Duration of Residence in the City of Baltimore,

Thirty Years

Place of Death, { Give Street and Number. }

816 N. Wolfe St

Cause of Death, { First (Primary), Second (Immediate), }

Old age cardiac weakness

Exhaustion

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31st 1885

Undertaker, John E. Grace

Place of Business, 213 S. Caroline St

W. R. M. M. M.

M. D.

Medical Attendant.

Address, 1220 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-96 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 29th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliza Sweeting.
Sex, Male or Female, {Cross out the word not required in this line.}
Age, ✓ Years, 8 Months, ✓ Days
Color, Black.
Married, Single, Widow or Widower, {Cross out the words not required in this line.}
Occupation, ✓
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.
Duration of Residence in the City of Baltimore, Life
Place of Death, {Give Street and Number.} 17 Hughes St.
Cause of Death, {First (Primary),
Second (Immediate),} Pneumonia.
Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Garrison Cemetery
Date of Burial, May 31 1887
{ Undertaker, Pross }
{ Place of Business, 404 Cornhill St } Address, 412 Hanover St.
Spencer M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 97

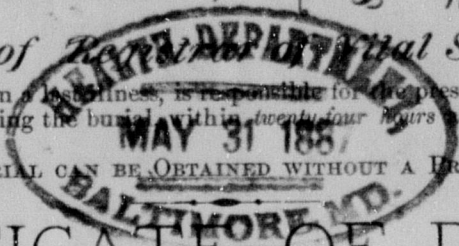
Office of ~~Health Department~~ Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

a

Date of Death,

May 30th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jacob Augustus Maurer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

41

Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Occupation,

Bookbinder

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give Street and Number. }

Milton Place # 1025

Cause of Death,

{ First (Primary),

Poisonous effects of Laudanum

Second (Immediate),

administered by himself

Duration of Last Sickness,

3 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

June 1, 1887

Undertaker,

J. B. Cook

L. S. Sparrow

M. D.

Medical Attendant

Place of Business,

1003 Baltimore St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. A 98 Office of Registrar of Vital Statistics. Ward 2^d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theresa M. Lawson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 23 Years, 00 Months, 00 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 722 S. Dallas St.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Pneumonia

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel cemo

Date of Burial, June 1 1887

{ Undertaker, L. Sanner & Sons, Address, 707 S. Broadway

{ Place of Business, 1741 & 1749 Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

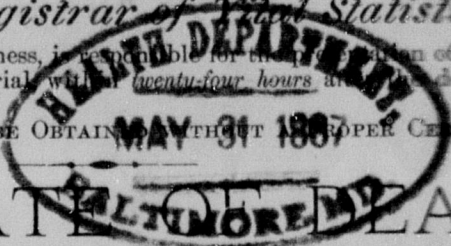
Permit No. **A 99**

Office of Registrar of Vital Statistics.

Ward **6th**

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, **May 30th 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **John B. Cooper**

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **1** Years, **9** Months, **26** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **✓**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **city**

Duration of Residence in the City of Baltimore, **Lifetime**

Place of Death, { Give Street and Number. } **2030 E. Chase St.**

Cause of Death, { First (Primary), Second (Immediate), } **Tubercular Meningitis**

Duration of Last Sickness, **16 days**

All the above information should be furnished by the Physician.

Place of Burial, **Mt. Carmel cem**

Date of Burial, **June 1st 1887**

L. SANNER & SONS,
1704 & 1714 CARROLL AVE.

Edwin B. Fenby, M. D.
Medical Attendant.

Place of Business, **Address, 1201 N. Eden St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below; and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 100

Office of Registrar of Vital Statistics.

Ward 5

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Berj S Diggs

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age, _____ Years, _____ Months, 4 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

34 L McElderry

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

34 L McElderry

Cause of Death, { First (Primary), _____
Second (Immediate), _____ }

Pneumonia
Life

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, May 31 1887

{ Undertaker, William S. Longue }

{ Place of Business, 150 East St Address, 728 Airguish }

Daniel V. Mayer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]